

BEST AVAILABLE COPY

MULTIPLE-DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE	
10/088682		
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1									
2		1								
3			1							
4				1						
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48										
49										
50										
TOTAL IND.	2									
TOTAL DEP.	19									
TOTAL CLAIMS	21									